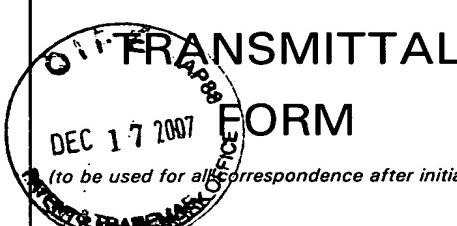


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Total No. of Pages in this Submission: 15

Attorney Docket Number ZAHFRI P846US

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form [2] <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fee attached - Check \$1,050 <input checked="" type="checkbox"/> Amendment/Response [8] <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate) <ul style="list-style-type: none"> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Drawings (2) + Cover [3] <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <ul style="list-style-type: none"> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <p><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
Postcard</p> |
|--|---|--|

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, PLLC.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	December 11, 2007	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on December 11, 2007

Signature		Date: December 11, 2007 (lfb)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p>Effective on 12/08/2004. FEE TRANSMITTAL For FY 2006</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT: \$1,050</p>		Complete if Known																																																							
		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/573,668 with an effective filing date of September 29, 2004 Harald ECKER Dana ROSS 3681																																																						
		Attorney Docket No.	ZAHFRI P846US																																																						
METHOD OF PAYMENT (check all that apply) <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ </p> <p> <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD & DANIELS, P.L.L.C.</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 </p>																																																									
WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.																																																									
FEE CALCULATION																																																									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1"> <thead> <tr> <th rowspan="2"><u>Application Type</u></th> <th colspan="2"><u>FILING FEES</u></th> <th colspan="2"><u>SEARCH FEES</u></th> <th colspan="2"><u>EXAMINATION FEES</u></th> </tr> <tr> <th><u>Fee (\$)</u></th> <th><u>Small Entity Fee (\$)</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity Fee (\$)</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity Fee (4)</u></th> <th><u>Fees Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>				<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	<u>Fees Paid (\$)</u>	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																									
<p> <u>Total Sheets</u> -100 = <u>Extra Sheets</u> / 50 = <u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u> </p>																																																									
4. OTHER FEE(S) To Petition for three (3) month Extension of Term (LARGE) <u>1,050</u>																																																									

SUBMITTED BY

<u>Signature</u>			<u>Telephone</u> (603) 226-7490
<u>Name (Print/Type)</u>	Michael J. BUJOLD	<u>Registration No. (Atty/Agent)</u> 32,018	<u>Date</u> : December 11, 2007